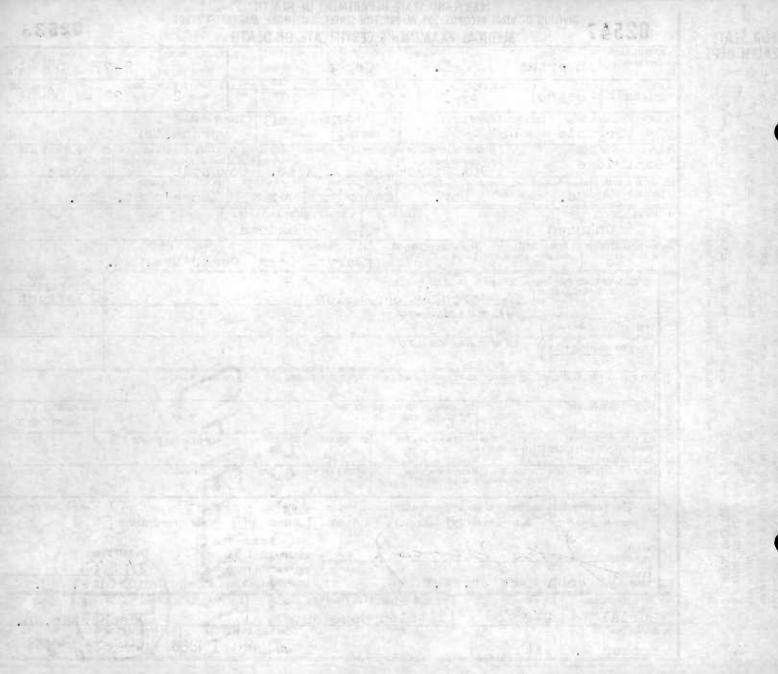
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02532 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT 1. DECEASED-NAME First Middle Last 20. DATE KNOWNEA Month Dov Year (Type or Print) 1068 ESTI-Feb. M3. Page VERA SHORES 20 BENTON DEATH MATED delay and 3 t 4. RACE 5. DATE OF BIRTH 6 AGE (In years IF LINDER 1 YEAR IF LINDER 24 HPS 3 SEX 2c. DATE PRONOUNCED DEAD 2d. HOUR lost birthday) Month Female Whi te Feb. 24, 1891 Yeor 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH arm country) Maryland USA Dorchester WIDOWED K DIVORCED [Pages 10. CITY OR TOWN OF DEATH haurs after death 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR Office alang with, INDUSTRY Home give street address)
Cambridge Md. Hospital during most of working life, even if retired.) Cambridge the death. 13d. INSIDE CITY LIMITS? 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c, CITY OR TOWN 13e, STREET AND NUMBER admission) STATE Md. 13b. COUNTY Dorchester Cambridge 308 Belvedere Avenue YES ON NO Item 18 l and 2 after 14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME First Middle William ? Shores Margaret ? Tyler 24 in Examiner's haurs bages 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. pencil 17. INFORMANT ADDRESS (Yes, no, or unknown) Mrs. John Trader, Cambridge, Maryland unk File APPROXIMATE INTERVA be executed within 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH the Chief Medical permit. "pending" PART I. DEATH WAS CAUSED BY: Pulmonary embolus Instant IMMEDIATE CAUSE (o) event DUE TO, OR AS A CONSEQUENCE OF burial-transit Canditions, if ony, which gove Fracture neck r. femur days rise to immediate couse (a). any certificate shauld writing the ward DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse .⊑ farwarded ta and PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) 05 remayal 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? the certificate, YESY NO F pe 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Yeor 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 3 shauld 4 shauld PRIMARY TOR CONTRIBUTING crematian, Slipped getting out of bed CAUSE OF DEATH 21e. PLACE OF INJURY (At home, form, street, 21d. INJURY OCCURRED City or Town County Stote factory, office building, etc.) WHILE AT WORK AT WORK Cambridge Hosp. Cambridge Dor. Md. Page Hospital burial, 220. I certify that I took charge of the remains described above, held on Autopsy XI, 10 Inspection Inquiry ond in my opinion director. death resulted from: Noturol couses Accident Suicide . Homicide Undetermined monner please CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER tuneral SIGNATURE DEPUTY MEDICAL EXAMINER X ealth EXAMINER'S may John Mace Jr. NAME (Type) ADDRESS(Street, city, town, ar county) the 50 23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) Feb 22 1968 Dorchester Memorial Park Cambridge. Maryland ADDRESS 24. FUNERAL DIRECTOR LeCompte Funeral Service, Cambridge, Maryland VR A15ME (5) 10M REV. 1/68

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02548

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CEDTIFICATE OF DEATH

02534

| | | | | AIL OF DEAT | | | | Total control |
|---------------|---|--|------------------------|------------------------|----------------------------------|---|----------------------------|---------------------------------|
| | DECEASED-NAME First (Type or print). GEO | | COOK, | Last | 2a. DATE O | F DEATH Manth Per 2 | 1968 | 2:15 |
| 4 | SEX | 4. RACE | ooon, | S. DATE OF BIRTH | | 6. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HR |
| | Male | White | | Aug. 13, 1 | 882 | last birthday) YRS. | MONTHS DAYS | HOURS MI |
| | BIRTHPLACE (State or foreign untry) Maryland | 7b. CITIZEN OF WHAT COUNTRY? | 8. MARRIED WIDOWED | NEVER MARRIED DIVORCED | 9. COUNTY OF | hester | | |
| | CITY OR TOWN OF DEATH Cambridge | 11. NAME OF HOSPITAL O give street address) Cambridge | Md. Hos | oital durin | mast of working | (Kind of work done life, even if retired.) er—Retire | INDUSTRY | BUSINESS OR |
| 3a dn | a. USUAL RESIDENCE (Where decea missian) STATE Md | ased lived, if institution: Residence bef | are 13c. CITY OR Madi: | | | TREET AND NUMBER Deep Point | | |
| 4. | FATHER'S NAME First George | Middle La | | S. MOTHER'S MAIDEN NAM | | Middle et Gray | | Last |
| 60 | o. WAS DECEASED EVER IN U.S. AR Yes, go or unknown) (If yes give | MED FORCES? 16b. SOCIAL SECUR | | nformant rs. Walter | D. North | , Woolford | , Md. 21 | 1677 |
| | PART I DEATH WAS CALISE | DUE TO, OR AS A CONSEQUENCE | hal ha | elever Co | +ll.h | implepe | | MATE INTERVAL NSET AND DEATH |
| | 13310 | ONDITIONS CONTRIBUTING TO DEATH BL | JT NOT RELATED TO | O THE TERMINAL DISEASE | OR CONDITION GIV | EN IN PART 1(a) | | |
| CERTIFICATION | 19a. DATE OF OPERATION 19b | o. CONDITION FOR WHICH OPERATION WA | S PERFORMED | 20a. AUTOPSY? YES NO | | F YES, WERE FINDINGS S OF DEATH? | CONSIDERED IN CI | ERTIFYING |
| MEDICAL CER | OR CONTRIBUTING CAUSE OF DEA | HOUR A.M. Manth Day 1 | fear 19 | OW INJURY OCCURRED (| | | | |
| th! | While Nat while at work | B. PLACE OF INJURY (AT HOME, FARM, STREE OFFICE BUILDING, ETC. | | | | y ar Tawn | Caunty | State |
| | sow the deceased of | his hospital) attended the dec alive on | 19 6 A, an | d that in (my) (our) | 9 <u>6</u> , ta opinion deoth | occurred an the d | 9_&, that late and hour | (I) (we) ond from |
| | 22b. SIGNATURE | 1. Thorps | DEG | 11113. | MED. DIRECTOR | STAFF 220 | DATE SIGNED | 8 |
| | 22d. PHYSICIAN'S NAME (Type) James | s U. Thompson, MI |) | 22e. ADDRESS | St. Cam | bridge, Md | | |
| | | | | | | ION (City or Town) | | |

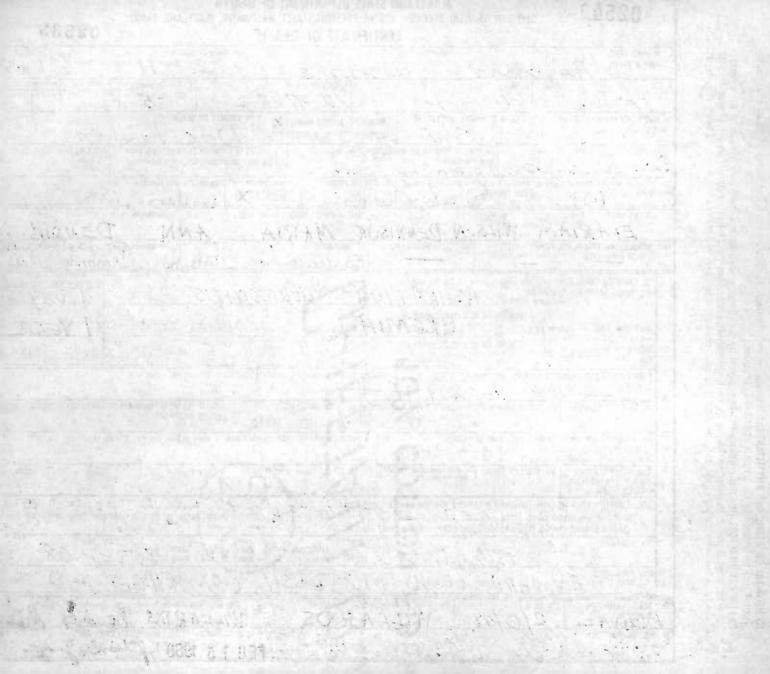
TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion ond campletely filled in by the funeral director, page 3 should be detached for use as the burial-tronsit permit. Then please remove carbon popers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremotion, or removal, and in any event, within 72 hours after deaths. VR A15 (4) 30M REV. 1/68

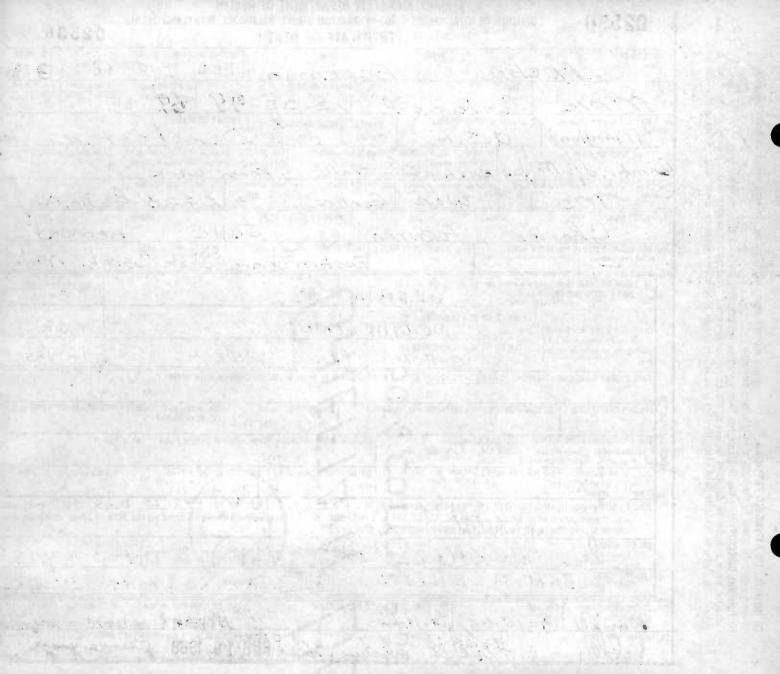
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or ottending physician.

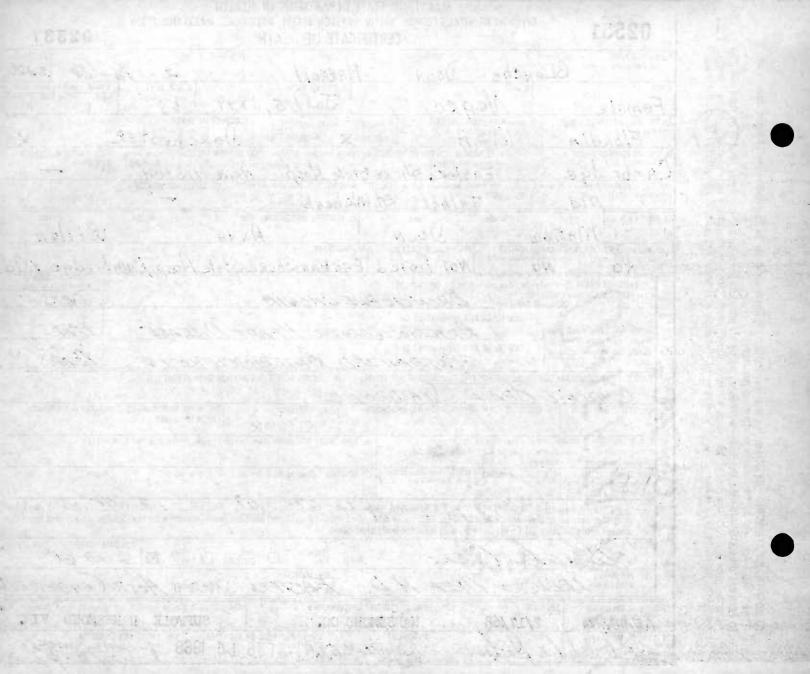
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MAKTLAND SIAIL DEPAKIMENT OF HEALTH 02549 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02535 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Lost 2o. DATE OF DEATH 2b. HOUR requires that the deoth certificate be executed within 24 haurs ofter death. (Type or print) Month Doy Year signed by the attending physicion and completely filled in by the fubburial-tronsit permit. Then please remove corbon papers. Pages 1 burial, cremation, or remaval, and in ony event, within 72 hours ofter. 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR lost birthday YRS SHTNOM OAYS HOURS 9. COUNTY OF DEATH 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED country) DIVORCED [WIDOWED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired.) 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13d INSIDE CITY LIMITS? 13e. STRFFT AND NUMBER STATE 13b. COUNTY NO X YES 🗌 lillard 14. FATHER'S NAME Middle Middle First 15. MOTHER'S MAIDEN NAME First Lost 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address/ (If yes give war or dates of service) Yes, no. or unknown) APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) BETWEEN ONSET AND OFATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE_OF Conditions, if ony, which gove) rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF Poge 4 moy be retained by the hospital or attending physician. stoting the underlying couse PART 2. OFFIER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) this certificate has been director, page 3 should be detached for use os the should be filed with the State Dept. of Health prior to CERTIFICATION 190. DATE OF OPERATION 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO 🔽 YES 📑 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor (If either, notify medical examiner) P.M. 21d. INJURY OCCURRED (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY City or Town County Stote OFFICE BUILDING, ETC. While Not while of work TO FUNERAL DIRECTOR: After 22a. I certify that (this haspital) attended the deceased fram AUG _19 68 and that in (my) (est) apinian death accurred on the date and hour and fram the causes stated abave, (1) (we) (did), (did nat) view the bady after death 22b. SIGNATURE 22c. DATE SIGNED ATTENDING PHYS. MED. DIRECTOR DEGREE 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) 23o. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City or Town) (County) 2Sb. REGISTRAR'S SIGNATUR 25o. REC'D BY REGISTRAR VR A15 (4) 30M REV. 1/68





DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02537 CERTIFICATE OF DEATH DECEASED-NAME Middle Lost 20. DATE OF DEATH 2b. HOUR requires that the death certificate be executed within 24 haurs after death funeral 1 and after death (Type or print) BLANCH RRe/ 3. SEX 4. RACE 5. DATE OF BIRTH IF UNDER 1 YEAR 6. AGE (In years and campletely filled in by the t DAYS HOURS lost birthdoy) 1899 5 YRS. be detached far use as the burial-transit permit. Then please remave carban papers. Pa State Dept. af Health priar ta burial, crematian, ar remaval, and in any event, within 72 haur, 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF COUNTRY? 9 COUNTY OF DEATH MARRIED NEVER MARRIED country) WIDOWED TO DIVORCED 120. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR during most of working life, even if retired.) give street oddress **INDUSTRY** signed by the attending physician and campletely f burial-transit permit. Then please remave carban 130. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before 13c, CITY OR TOWN 13e. STREET AND NUMBER odmission) STATE 13b. COUNTY NO St. Michea 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First First Middle Middle 160. WAS DECEASED EVER IN U.S. 16b. SOCIAL SECURITY NO. 17. INFORMANT ARMED FORCES? Address [[If yes give war or dates of service) Yes, no, or unknown) EASTERN Shore State 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: RONCHO PNEUMON IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove ; rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS, CONTRIBUTING TO DEATH-BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) this certificate has been detached far use as the CERTIFICATION 19o. DATE OF OPERATION 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 🗀 NO X be retained by the haspital ar 21b. TIME OF INJURY 21o. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. (If either, notify medical examiner) P.M 21d. INJURY OCCURRED (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street of R.F.D. No. 21e. PLACE OF INJURY City or Town County Stote While Not while of work of work O FUNERAL DIRECTOR: After 22a. I **certify** that (I) (this haspital) attended the deceased from 12-27-, 1967, ta 2-1968, that (I) (we) last saw the deceased alive an 1968, and that in (my) (aur) apinian death accurred an the date and haur and fram the director, page 3 shauld shauld be filed with the S causes stated above, (I) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MED. DIRECTOR STAFF PHYS. DEGREE PHYS. 22e_ADDRESS PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION 23b. DATE (Stote) (County) NANSEMOND VIR SUFFOLK 2/17/68 NANSEMOND CO. **ADDRESS** 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 |4} 30M REV, 1/68



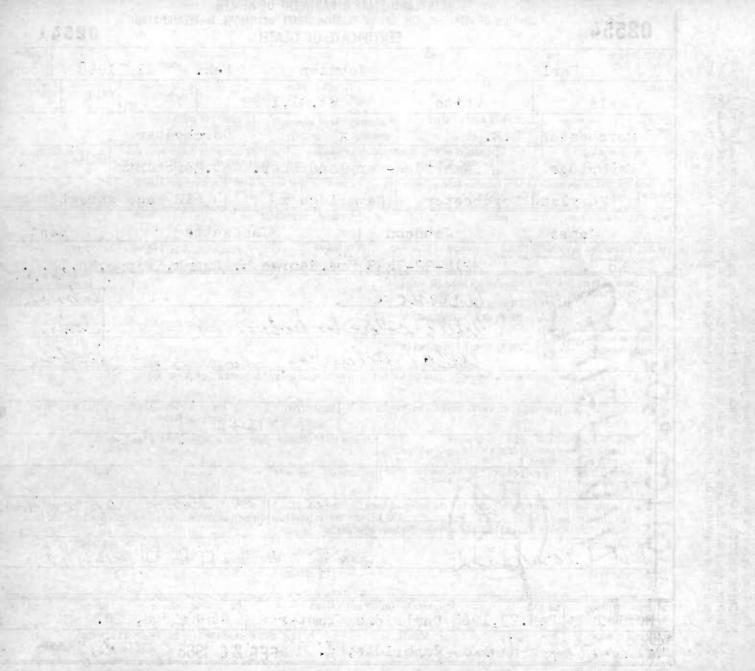
| 2 1 | 02552 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 | |
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| FOR STATE | MEDICAL EXAMINER'S CERTIFICATE OF DEATH | 2538 |
| HEALTH DEPT. | 1. DECEASED-NAME First Middle Lost 20. DATE KNOWN Month Do OF ESTI-DEATH MATED 2/21 | |
| ny delay is 2, and 3 ta RM3. Page | 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (in years learned) 6. AGE (in years lost birthday) 6. AGE (| Yeor 1968 11Pm |
| 0 | 70. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED 9. COUNTY OF DEATH 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. | Mc |
| 24 hours after death. in Item 18. Give Pages 1, r's Office alang with formes 1 and 2 with the State Ders after death. | DOA Cambridge give street address) NO. Hospital during most of working life, even if retired.) NO. NO. | b. KIND OF BUSINESS OR DUSTRY Home |
| them 18. Give along Office along after death. | odmission) STATE Md. 13b. COUNTY Dor. E.N.Market YES NO X R.F. D 14. FATHER'S NAME First Middle Lost 1S. MOTHER'S MAIDEN NAME First Middle | Lost |
| hin 24 hin 14 hin 14 hin 14 hiner's Of pages 1a haurs af | William Clark Jenny Sagan 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS | Md. |
| wit per xan xan 72 | (Yes, no, or unknown) (If yes give war or dates of service) George E. Hollerman East New 1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) | Market, |
| xecuted nding" i Medical permit. | PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary occlusion | 30 Mins. |
| be executed "pending" in iief Medical E insit permit. F event within | Conditions, if ony, which gove) | |
| This certificate shauld be cate, writing the word "pe be farwarded to the Chief be used as a burial-transit ir remaval, and in any even | rise to immediate couse (o), stating the underlying couse (or course) Last. (c) (c) (c) (d) (d) | |
| is certificate shauld to, writing the word farwarded to the Cl e used as a burial-tr removal, and in any | PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) | |
| This certificate, writh be farward be be be farward be used ar remaya | 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item | 20. AUTOPSY? YES NO |
| #E P P | PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19 | |
| | WHILE NOT WHILE foctory, office building, etc.) | County Stote |
| | 220. I certify that I took chorge of the remains described obove, held on Autopsy, Inspection _K, Inquiry, death resulted from: Natural causes _K, Accident, Suicide, Hamicide, Undetermined manner CHIEF MEDICAL EXAMINER | ond in my opinion] |
| o DEPUTY Delical necessary, please extra funeral director. S may be retained o FUNERAL DIRECTOR Health prior to burning t | ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 22b. DATE SIGNATURE EXAMINER DEPUTY MEDICAL EXAMINER 2/23/ ADDRESS(Street, city, town, or county) Cambrid Cambrid | 68 |
| TO D The t | 0000000 | ounty) (Stote) |
| VR A15ME (5) | 24. FUNERAL DIRECTOR Willoughby East New Market Md. DATFEB 2 7 1968 ZSO. REC'D BY REGISTRAR 2 25b. REGISTRAR 3 5161 | |

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| 8 | It Tt | ems 2a & ems#5 & | 2c DIVISION | OF VITAL R | CORDS, 301 | W. PREST | AKIMENI U | T HEALTH | ARYLAND | 21201 | | | |
|--|---------------|--|-------------------------------------|--|------------------------------|---|----------------------------|--------------------------------------|---------------|--|----------------------|---|-------------|
| FOR STATE | | 0083 | | MEDIC | AL EXAM | INER'S | ERTIFICAT | E OF DEA | TH | 7.11 | | 02539 | |
| HEALTH DEPT. | | ECEASED-NAME Type or Print) | First | TIS | S. Mide | HUE | BARD | | | ATH MATED | 1141.11 | | 2b. HOUR |
| r detay is and 3 to M3. Page | 3. S | Male | 4. RACE White | S. DATE OF BIE | | 6 AGE (In year 5 lest birthday) 50 Yi | | | WW. 20. DA | TE PRONOUNCED | DEAD | Year 19 68 | 2d HOUR |
| S 1, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, | | BIRTHPLACE (Stote try) Maryla | | b. CITIZEN OF WH | AT COUNTRY? | | ARRIED NEVER I | MARRIED 9 | Doro | DEATH hester | | | M |
| ve Pages 3 with far | | ambridge | | | treet address) | or instituti | ON (If nat in haspi | during m | AL OCCUPATION | ON (Kind of wa ng life, even if i L erk | rk dane retired.) | 12b. KIND OF BUSINDUSTRY WIRE CL | |
| of the with with | 13a. a | USUAL RESIDENCE dmission) STATE | (Where deceose | d lived, if institution 13b. COUNTY | | before 13c. Cl | Y OR TOWN | 13d. INSIDE CITY LIMI YES NO | TS? 13e. S | REET AND NUMI | BER | ATT 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | |
| 24 haurs in term is office ss lond? | 14. F | ATHER'S NAME | First John | Middle | Nubb | Lost ard | 15. MOTHER'S A | | First Daisy | Mid | | larshall | |
| hin ncil nine page hau | 16a. (Y | WAS DECEASED EVE es. no, or unknowr | R IN U.S. ARMED FO | ORCES? ar or dates of service) | 16b. SOCIAL SEC 220-10- | | 17. INFORMANT Mr. Fred | Palmer | , 501 | Glodsbr | ough | | bridg Md |
| ecuted with Jing" in peedical Exar edical Exar ermit. File within 72 | | 18. CAUSE OF | DEATH (Enter anly ATH WAS CAUSED | ane cause per li | | | | | | | | APPROXIMATE BETWEEN ONSET | |
| executed inding" in Medical E r permit. F | | 410 | | E CAUSE (a) | AS A CONSEQUE | | usion | | | | | Insta | nt |
| be exe | | Canditians, if an | y, which gove | (b) | AS A CONSEQUE | NCE OF | | | | | | | |
| aul an | | stating the und | erlying couse | | AS A CONSEQUE | NCE OF | | | | | | | |
| ate g the ed t | | PART 2. OTHER SI | GNIFICANT CONDIT | IONS CONTRIBUT | NG TO DEATH B | UT NOT RELATE | TO THE TERMINAL | DISEASE OR CON | NDITION GIVEN | IN PART I(a) | | | |
| is certificate te, writing the farwarded the used as a lemanal, and | TION | 190. DATE OF OP | ERATION | | 19b. CONDITION | FOR WHICH O | PERATION | | | | | 20. AUTOPSY | ? |
| This contracts of the contract of | CERTIFICATION | | | | WAS PERF | ORMED? | | | | | | YES 🗆 | NO T |
| #= = = - | MEDICAL CE | 21a. EXTERNAL CA PRIMARY OR CAUSE OF DEATH | CONTRIBUTING [| HOUR A. | M. | 19 | 21c. HOW INJURY | OCCURRED (Enter | noture of in | ury in Port 1 or | Port 2, Item | n 18.) | 100 |
| MIN the the rr fill mat | ME | 21d. INJURY OCCU | JRRED 21e. PI | ACE OF INJURY (ary, office buildin | At hame, farm, s g, etc.) | treet, | 21f. LOCATION Stre | et or R.F.D. No. | C | ity ar Town | he | County | Stote |
| ICAL EXA s execute tar. Page ed for you CTOR: Page burial, cre | | | | - | | | ve, held on Au | topsy, | Inspectio | n 🔭 Ind | uiry, | ond in my | opinian |
| please e directar retained DIRECT ar ta bu | | death res | ulted from: | Natural caus | ses 🗶 , A | ccident [], | | Homicide | | determined r | manner [| | |
| | | ACTUAL SIGNATURE | X | my / | 22 | To A | | HIEF MEDICAL EXA SSISTANT MEDICAL | | | 22b. DATE SI | GNED | |
| necessary, please the funeral direct 5 may be retaine to FUNERAL DIRECT Health prior to | | EXAMINER'S NAME (Type) | John M | mce Jr. | | 70 | D | EPUTY MEDICAL E | EXAMINER T | Ì | 2/8 | 3/68 | |
| TO L | 23a. | BURIAL, CREMATI REMOVAL (Specifor | ON, 23b. (| 9, 1968 | Spec | ME OF CEMETER | y or crematory ward Cem | etery | 23d. LOCATI | ON (City or Tow | n) oridge | County) (St | ate) |
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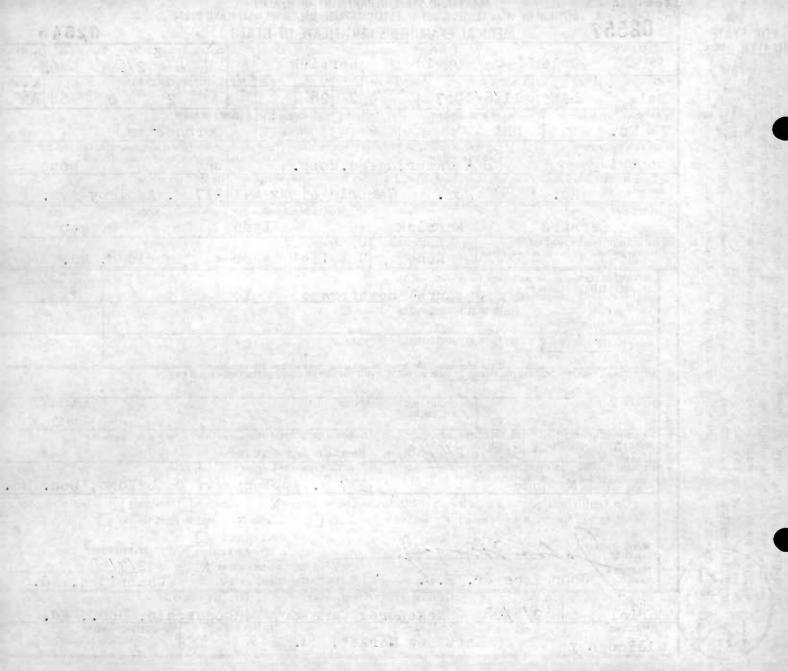
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 02542 Middle Last d DECEASED-NAME First 2g. DATE OF DEATH 2b. HOUR signed by the attending physician ond completely filled in by the furerol burial-transit permit. Then please remove carbon papers. Pages 1 ond 2 burial, cremation, or removal, ond in ony event, within 72 hours after deaths (Type ar print) HENNTE WINGATE **JONES** Month 7968 6 offer dea 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR 3. SEX IF UNDER 24 HRS last birthday) White Sept. 6, 1913 MONTHS OAYS HOURS Female OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 7a. BIRTHPLACE (State ar fareign 8. MARRIED NEVER MARRIED Maryland USA Dorchester WIDOWED [DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR Cambridge give street address during most af warking life, even if retired.) Seafood Home Cambridge Md. Hospital 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admissian) STATE Md 13b. COUNTY Dorchester None YES NOTT Head 14. FATHER'S NAME First Middle 15. MOTHER'S MAIDEN NAME First Middle Wingate Cora ToddA Lemual 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT SOCIAL SECURITY NO. Address Yes na ar unknawn) Mr. Henry Jones, Bishops Head. Maryland APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line far_(a), (b), and (c).) BETWEEN CINSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR Canditians, if any, which gave) rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) Page 4 may be retained by the hospital or attending os the prior to b has been 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES X NO 🗆 **D FUNERAL DIRECTOR:** After this certificate ha director, page 3 should be detached for use should be filed with the State Dept. of Health p. 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City ar Tawn Caunty State While Nat while at wark 220. I certify that (I) (this hospital) attended the deceased from. and that in (my) (our) opinion death occurred on the date and hour and from the sow the deceosed olive on. couses stoted obove, (I) (we) (did) (did not) view the body ofter deoth. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING PHYS. DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY

Dorchester Memorial Park 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION (State) 23b. DATE (Caunty) Cambridge, Maryland Feb 6, 1968 BEMOYAL (Specify) 24. FUNERAL DIRECTOR A. FUNERAL DIRECTOR
LeCompte Funeral Service, Cambridge, Maryland 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) DAFEB 1968 30M REV, 1/68

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 02543 1. DECEASED-NAME (Type or Print) HEALTH DEPT. First Middle 2g. DATE KNOWNTX Manth Day Year 2b. HOUR OF ESTI-DEATH MATED Brian David Kerrick 2/6 IF UNDER 1 YEAR IF UNDER 24 HRS. 4. RACE S. DATE OF BIRTH 6. AGE (In years 3 SEX 2c DATE PRONOUNCED DEAD White 11/8/1967 Male YRS. 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH country) Md. shauld be farwarded to the Chief Medical Examiner's Office along with farm USA WIDOWED | DIVORCED [Dorchester pages land 2 with the State 10. CITY OR TOWN OF DEATH 112a. USUAL OCCUPATION (Kind af work done 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR INDUSTRY None DOA CambridgeMd. Hosp. during most of working life, even if retired.) Cambridge 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e, STREET AND NUMBER admission) STATE Md. 13b. COUNTY Dor. Cambridge | YES NO [317 E. Appleby Ave. 14. FATHER'S NAME First 1S. MOTHER'S MAIDEN NAME First Middle Kerrick Bernard Lynn Morgan 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT **ADDRESS** (Yes, na, or unknown) (If yes give war or dates of service) None Hospital Records Cambridge. Md. APPROXIMATE INTERVAL This certificate shauld be executed 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Subdural Hemorrhage DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if any, which gave rise to immediate cause (a). DUE TO. OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? certificate, YES NO 21b. TIME OF INJURY Manth, Day, Yeor FOUR A.M. 2/6/689 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 1B.) 21a. EXTERNAL CAUSE WAS PRIMARY X OR CONTRIBUTING Beaten by father CAUSE OF DEATH 21d. INJURY OCCURRED 21f. LOCATION Street ar R.F.D. Na. City or Tawn 21e. PLACE OF INJURY (At hame, farm, street, County factory, affice building, etc.) WHILE AT WORK AT WORK 317 E. Appleby Ave Cambridge, Dor. Md. 220. I certify that I took charge of the remains described above, held on Autopsy (X), Inspection (), Inquiry (), and in my opinion deoth resulted from: Notural couses . Accident . Suicide . Homicide . Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE. 2/7/68 DEPUTY MEDICAL EXAMINER X EXAMINER'S John Mace Jr. M.D. ADDRESS(Street, city, tawn, or county) Cambridge. NAME (Type Md. 23a. BURIAL REMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) Burial (Specify) 2/8/68 McKendree Cemeterv Rhodesdale, Dor., Md. 24. FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE East New Market, Md. Wilsonley Judgle Widloughby

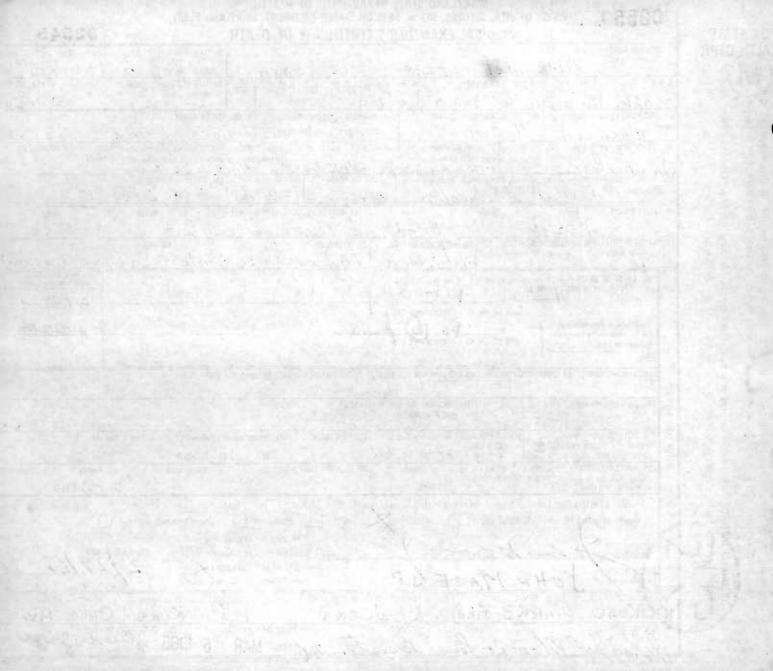
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| at the death of the attending | sit permit. The | CAUSE OF DEATH (Enter anly one cause per line far (a), (b), PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUION to immediate cause (o), ing the underlying cause (c) | Comany Read Disease | APPROXIMATE INTERVAL BETWEEN ONSIT AND DEATH G C CUY / le y | | | | | |
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| O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital or attending physician. D FUNERAL DIRECTOR: After this certificate has been signed by | 3 should be deta d with the State De | While of work | | | | | | | |
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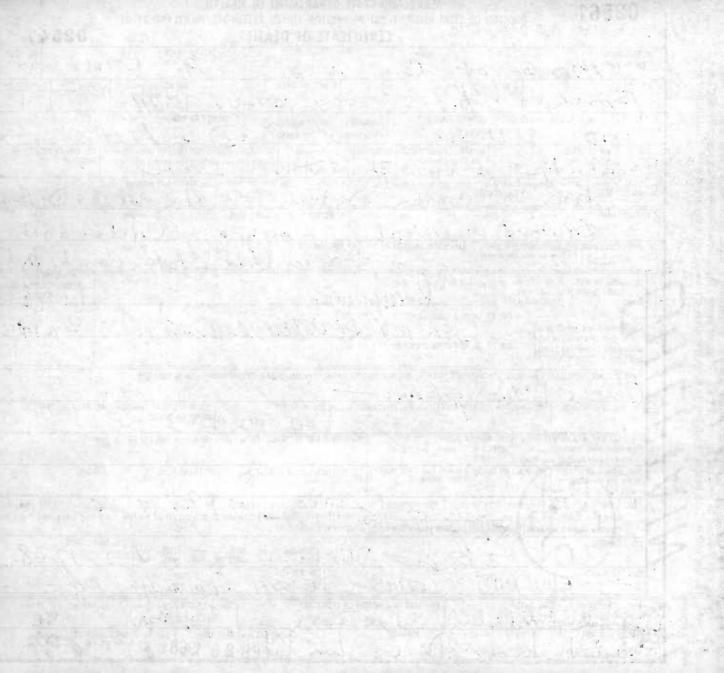
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| 2 | MARYLAND STATE DEPARTMENT OF HEALTH 30156 am DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 | |
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| FOR STATE | MEDICAL EXAMINER'S CERTIFICATE OF DEATH | 02545 |
| HEALTH DEPT. | 1. DECEASED-NAME First Middle Lost 20. DATE KNOWN 7 Month | Doy Yeor 2b. HOUR |
| .≅ ⊋ 8 € | (Type or Print) MARGARET FEAR MC KENNA DEATH MATED - 2-6 | 29 1968 613 M |
| delo meni | 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD lost burthefore) MONTHS DAYS HOURS MIN 2. | 2d. HOUR |
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| Poor With with | qiye street address) / / / during most of working life, even if retired. | 12b. KIND OF BUSINESS OR INDUSTRY |
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| hours after death any teem 18. Give Pages T. Z. Office along with farm Pland 2 with the State Beparanter death. | | et |
| hours Item Office I ond 2 | 14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle | Lost |
| 24 h | Boston FEAR LACKNER Elizabeth | FEAR |
| d within 24 hours after death in pencil in Item 18. Give Pages Examiner's Office along with fary. File pages 1 and 2 with the State on 72 haurs ofter death. | 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (II) yes give war or dates of service) ADDRESS ADDRESS | 210 |
| l with per Exam | Not listed FASTERN Shore State Hosp, (1) | Tled. Accords |
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| should be executed ne word "pending" is to the Chief Medical buriol-transit permit. | lost. | |
| INER: This certificate should be executed within 24 hours after death e certificate, writing the word "pending" in pencil in Item 18. Give Pages T. should be forwarded to the Chief Medical Examiner's Office along with farm files. 3 should be used as a buriol-transit permit. File pages lond 2 with the State Bation, or removal, and in any event within 72 haurs ofter death. | PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) | |
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| NE EXA xecute . Page for you DR: Pog OR: Pog or iol, cr | 220. I certify that I took charge of the remains described obove, held an Autopsy , Inspection , Inquiry | , and in my opinion |
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| y, ple grot di se rett Al Di prior | SIGNATURE TO M.D. ASSISTANT MEDICAL EXAMINER 22b. DATE S | IGNED 1/C |
| DEPUTY SICA necessary, please eshe funeral director. may be retained FUNERAL DIRECTOR | EXAMINER'S NAME (Type) OHN MACE JR DEPUTY MEDICAL EXAMINER ADDRESS(Street, city, town, or county) | 2//68 |
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| F F 0 | Designation (C.) | CAR. MD. |
| X | 24. FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SI | IGNATURE |
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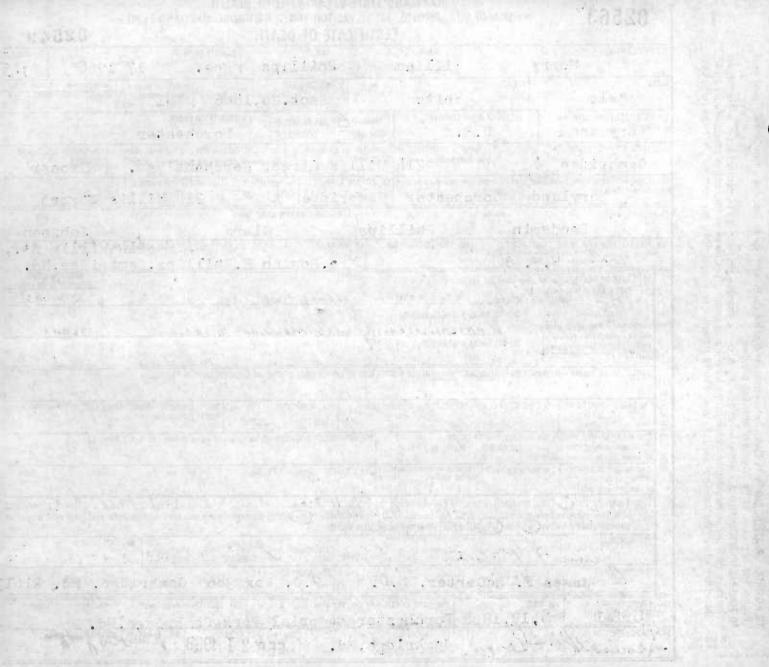
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| requires that the death certificate be executed within 24 haurs after g physician. I signed by the attending physician and campletely filled in by the 1the burial-transit permit. Then please remave carban papers. Pages a burial, crematian, or remaval, and in any event, within 72 haurs after | 1 | 60. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give war or dates of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT ESSFERN Shore State Camb. Md |
| equires that the death certific physician. signed by the attending physi burial-transit permit. Then p burial, crematian, or remaval, | | 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c).) APPROXIMATE INTERVAL PETWEEN OMSET AND DEATH |
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| hat 1 J. th. y th. snsit | | not to thinked did to do to the consequence of |
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| O HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital or attending O FUNERAL DIRECTOR: After this certificate has been directar, page 3 shauld be detached far use as the shauld be filed with the State Dept. of Health priar ta | X | 196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. AUTOPSY? YES NO 197. ACCIDENT WAS UNDERLYING 1216 TIME OF INHIRY 1216 HOW INHIRY OCCURRED (Fater polyure of injury in Port 1 or Port 2 Item 18.) |
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| SICI, sprite erriffied fed for the control of the c | | [If either, notify medical examiner] P.M. 19 |
| OR ATTENDING PHYSICIAN be retained by the haspital of NIRECTOR: After this certificate e 3 shauld be detached far ed with the State Dept. of He | | 2)d. INJURY OCCURRED While Nat while at work 1 |
| by t by t After State | | 22a. I certify that \$\mathbb{A}\$ (this haspital) attended the deceased from May 8, 1965, to \$\frac{1965}{1965}, to |
| R ATTENI retained retOR: A S should with the | | saw the deceased alive an 17 1968, and that in (my) (507) apinian death accurred an the date and haur and fram the causes stated abave, (1) (did) (did not) view the bady after death. |
| OR AI BECT 3 sh d with | | 226. SIGNATURE 226. SIGNATURE ATTENDING MED. STAFF 22c. DATE SIGNED 22c. DATE SIGNED 22c. DATE SIGNED 22c. DATE SIGNED |
| may be rike DIRI OR page 3 | 1 | 22d. PHYSICIAN'S NAME (Type) FD11 ADD 17215 22e. ADDRESS 22e. ADDRESS 21/ C2 10/das 2000 - |
| OSPI 4 n INER INER crtar, | <u></u> | |
| TO HOSPII Page 4 m FO FUNER, director, shauld by | 1 | REMOVAL (Specify) 23b. DATE 23c. NAME OF (EMETERY OR CREMATORY REMOVAL (Specify) 23d. LOCATION (City or Town) (County) (State) |
| VR A15 (4) 30M REV. 1/68 | 53 | 4. FINNERAL DIRECTOR 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 25c. REC'D BY REC'D BY REGISTRAR'S SIGNATURE 25c. REC'D BY REGISTRAR'S SIGNATURE 25c. REC'D BY REGISTR |
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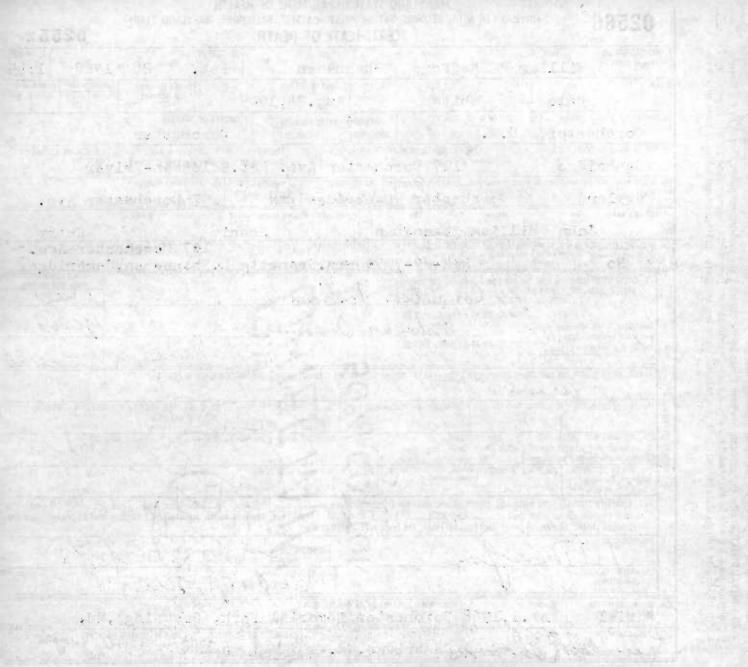
MARYLAND STATE DEPARTMENT OF HEALTH



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MARYLAND STATE DEPARTMENT OF HEALTH

| 12566 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21 | |
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| 02566 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21 CERTIFICATE OF DEATH | 02552 |
| 1. DECEASED-NAME First Middle Lost 20. DATE OF DEATH | |
| (Type or print) William Medford Shannahan Feb. Month 2 | 28 Day 1968 1:45M |
| 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In ye | BOTS IF UNDER 1 YEAR IF UNDER 24 HRS. |
| Male White Aug. 24, 1905 | YRS. MONTHS DAYS HOURS MIN |
| 70. BIRTHPLACE (Stote or foreign Country OF DEATH COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH | |
| COUNTRY) Dorchester U.S. WIDOWED DIVORCED DOrcheste 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work) | - Ind |
| Cambridge give street 10 Dorchester Ave during most of working life swening | k done 12b. KIND OF BUSINESS OR INDUSTRY |
| 13a. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. IMSIDE CITY LIMITS? 13e. STREET AND NUM 13d. IMSIDE CITY LIMITS? 13e. ST | MBER Chester Ave. |
| 14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle | liddle Lost |
| John William Shannahan Bessie | Curry |
| | Wehester Ave. |
| | nan, Cambridge, |
| 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c).) PART I. DEATH WAS CAUSED BY: | BETWEEN ONSET AND DEATH |
| 1772 2 IMMEDIATE CAUSE (a) Confident fortune | (vae |
| Canditions, if any, which gave | years |
| rise to immediate couse (o), (b) (b) (b) (c) (c) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d | |
| lost. (c) | |
| PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) | |
| 8 055X Unema | The Table of the State of the S |
| CALISES OF DEATHS | NDINGS CONSIDERED IN CERTIFYING |
| YES NO CHARGE OF DEATH? 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 121c. HOW INJURY OCCURRED (Finter nature of injury in Part 1 or | D- 4.0. (r. 10.) |
| S OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Doy Year | POIT 2, ITEM 18.) |
| T ZIG. INJURI ULLUKKED I ZIE. PLALE UP INJURI FAI NOME, IAKM, SIKLE, FACIORE, II ZIT IULAJIUN STRAET OF K.F.D. NO. (170 OF IGWD | County State |
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| at work at work | the date and haur and fram the |
| 22a. I certify that (I) (this haspital) attended the deceased fram | the date and haur and fram the |
| 22a. I certify that (I) (this haspital) attended the deceased fram | |
| at work at work at work 22a. I certify that (I) (this haspital) attended the deceased fram 1965, to 122 as we the deceased alive an 1966, and that in (my) (aur) apinian death accurred an causes stated abave, (I) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE DEGREE PHYS. DEGREE PHYS. | |
| 22a. I certify that (I) (this haspital) attended the deceased fram | 22c. DAJE SIGNED 2/25/6/ |
| 22a. I certify that (I) (this haspital) attended the deceased fram | 22c. DAJE SIGNED 2/25/6/ |



| | DECEASED-NAME First (Type or print) ROGE | | SHOEMAKER | 2a. DATE OF DEATH Month Day | 1968 8 HOUS |
|--------------|--|--|---|--|---|
| 3. | SEX Male | 4. RACE White | S. DATE OF BIRTH May 8, 193 | | UNDER 1 YEAR IF UNDER 24 HRS. INTHS OAYS HOURS MIN. |
| 70 | BIRTHPLACE (Stote or foreign untry) Canada | | MARRIED NEVER MARRIED UNIONED DIVORCED | 9. COUNTY OF DEATH Dorchester | Mo |
| 3 | Cambridge | 11. NAME OF HOSPITAL OR INSTITUTION of the street address) Cambridge Md. | Hospital during m | AL OCCUPATION (Kind of work done lost of working life, even if retired.) | 12b. KIND OF BUSINESS OR INDUSTRY |
| 1 13 | o. USUAL RESIDENCE (Where deceased missian) STATE Md | lived, if institution: Residence before 13 13b. COUNTY Dorchester C | c. CITY OR TOWN 13d. INSIDE CITY L | 13e. STREET AND NUMBER 1500 Hambrooks | Blvd. |
| 14 | FATHER'S NAME First Clyde | Middle Lost Shoemake | 15. MOTHER'S MAIDEN NAME I | | lost /ivian |
| 10 | a. WAS DECEASED EVER IN U.S. ARMED | | 17. INFORMANT | ver, 1500 Hambrooks | On wheel days |
| X | 4201 | DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) ITIONS CONTRIBUTING TO DEATH BUT NOT F ENDITION FOR WHICH OPERATION WAS PERFO | | 20b. IF YES, WERE FINDINGS CONS | 2 773 SIDERED IN CERTIFYING |
| MEDICAL CENT | OR CONTRIBUTING CAUSE OF GEATH | r) HOUR A.M. Month Day Year | 21c. HOW INJURY OCCURRED (Ente | er noture of injury in Part 1 or Part 2, Item | |
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MARYLAND STATE DEPARTMENT OF HEALTH 02563 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02555 CERTIFICATE OF DEATH DECEASED-NAME Middle Last 20. DATE OF DEATH First TODD (Type ar print) CHARLES S. 1988 signed by the attending physician and completely filled in by the fur burial-transit permit. Then please remove corbon papers. Pages 1 burial, cremotion, or removol, and in any event, within 72 hours after IF UNDER 24 HRS 3. SFX 4. RACE S. DATE OF BIRTH IF UNDER 1 YEAR 6. AGE (In years White Male Feb. 15, 1914 last bighday) PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7a. BIRTHPLACE (State or foreign 8. MARRIED XX NEVER MARRIED country) Maryland USA Dorchester WIDOWED [DIVORCED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.)

Waterman-Retired Cambridge give street address) INDUSTRY Cambridge Md. Hospital 13c. CITY OR TOWN 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 404 High Street admission) STATE 13b. COUNTY Dorchester Cambridge Md. YEST NO T 14. FATHER'S NAME First Middle Last 1S. MOTHER'S MAIDEN NAME First Middle Lost Todd Rena ? TANA Parks Ray C. 17. INFORMANT 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Mrs. Charles S. Todd, Cambridge, Maryland Yes, no. ar unknawn) (If yes give war ar dates of service) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY CARCINOMA OF URINARY BLADDER IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a), TO HOSPITAL OR ATTENDING PHYSICIANS THE CONTROLLED.

Poge 4 moy be retoined by the hospital or ottending physicion.

TO FUNERAL DIRECTOR: After this certificate hos been signed by director, poge 3 should be detached for use as the burial-transfer to burial, creative that the State Dept. of Health priar to burial, creative that the State Dept. of Health priar to burial, creative that the State Dept. DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Multiple Sclerosis 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19g. DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? CAUSES OF DEATH? YES [NO 🗍 21g. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.) 21b. TIME OF INJURY HOUR A.M. OR CONTRIBUTING CAUSE OF DEATH Month Day Year P.M. (If either, natify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. State City or Town County While Not while 22a. I certify that (I) (this haspital) attended the deceased from 10=20=67 saw the deceased alive on 2=20=68 , and that in (my) (our) opinion death occurred on the date and have and from the causes stated abave, (We) (did) (did not) view the body after death. 22b. SIGNATURE 22c_DATE SIGNED ATTENDING STAFF DIRECTOR **ADDRESS** 22d. PHYSICIAN'S E. Bunker, Albert Md. Ave., Cambridge, Md. 21613 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, 23b. DATE (State) 2, 1968 Cambridge, Maryland REMOVAL (Specify) Greenlawn Cemetery Mar. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR 4 FUNERAL DIRECTOR LeCompte Funeral Service, Cambridge, Maryland VR A15 (4) 30M REV. 1/68 1968 DATE MAR

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O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after

Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in director, page 3 should be detached far use as the burial-transit permit. Then please remove carban pages, should be filed with the State Dept. of Health priar ta burial, crematian, ar removal, and in any event, within 72 by

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

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| | CEASED-NAME | First | | Middle | | Lost | 2o. DATE O | | | 2b. HOUR |
| (1 | ype or print) | MIL | DRED | LLOYD | TRA | VERS | FEBRUAR | Y 26, 1968 | y Yeor | 7:50 |
| s. SE | X | | 4. RACE | | 17/11 | S. DATE OF BIRTH | | 6. AGE (In years | IF UNCER 1 YEAR | IF UNOER 24 HRS |
| | FEMALE | | | WHITE | Each in | 8/6/91 | 3 | lost birthday YRS. | MONTHS OAYS | HOURS MI |
| o. E | IRTHPLACE (State or for | eign | 7b. CITIZEN OF | F WHAT COUNTRY? | 8. MARRIED F | NEVER MARRIED | 9. COUNTY OF | | | 1 |
| oun | try) MD. | | | U.S. | WIDOWED | | Dore | CHESTER | | |
| 0. C | ITY OR TOWN OF DEATH | | 1 | 1. NAME OF HOSPITAL OR IN | _ | | | (Kind of work done | 12b. KIND OF | BUSINESS OR |
| RU | RAL CAMBRI | D GE | E9 | ASTERN HOR | STATE | HOSPITAL | ng most of working | life, even if retired.) | INDUSTRY | |
| 30. | USUAL RESIDENCE (When | e deceos | ad lived if inc | titution. Desidence before | 13c. CITY OR | | | REET AND NUMBER | | |
| ıdmi | SSION) STATE MARYLAND | | 13b. COUNT | DOR. | VIEN | NA YES | NO | 1100/2 | | |
| 4. F | ATHER'S NAME Firs | t | Middl | | 15. | MOTHER'S MAIDEN NA | ME First | Middle | | Lost |
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| | WAS DECEASED EVER IN | | | 16b. SOCIAL SECURITY | NO. 17. IN | FORMANT | | Address | | |
| ' | es, no, or unknown) N O | ii yes give w | ar or dates of service | 219-05-03 | 367A | HOSPITAL R | ECORDS | | | 12. |
| | 18. CAUSE OF DEATH | (Enter onl | y one couse pe | er line for (o), (b), ond (c) | .) | | | | | IMATE INTERVAL ONSET AND GEATH |
| | PART I. DEATH WA | C CALIFFE | DW | PULMONARY I | | M. MASSIVE | RIGHT | | | THE THE SELLIN |
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| | PART 2. OTHER SIGNIFIC | CANT CON | DITIONS CONTR | RIBUTING TO DEATH BUT N | OT RELATED TO | THE TERMINAL DISEAS | OR CONDITION GIVE | N IN PART 1(o) | | |
| _ | 464x | | | | | | | | | |
| FICATION | 190. DATE OF OPERATION | 19b. | CONDITION FOR | WHICH OPERATION WAS PI | RFORMED | 20a. AUTOPSY? | | F YES, WERE FINDINGS (| CONSIDERED IN C | ERTIFYING |
| E E | | | | | | YES N | O CAUSE | S OF DEATH? | | |
| CERTI | 210. ACCIDENT WAS U | | | NE OF INJURY | | 7 | (Enter noture of inju | ury in Port 1 or Port 2, | Item 18.) | |
| SAL | OR CONTRIBUTING CA | | | M. Month Doy Yeor | | | | | | |
| MEDI | 21d. INJURY OCCURRED | 21e. | PLACE OF INJU | | CTORY.) 21f. LO | ATION Street or R.F. | D. No. City | or Town | County | Stote |
| | While Not while at work | | | OFFICE BUILDING, ETC. | 1 | | | | | |
| | | (I) (thi | s haspital) | attended the deceas | ed from | 1/30 , | 19_68, ta_ | 2/26 . 19 | _68 , that | (I) (we) I |
| | saw the dece | ased al | ive an | attended the deceas | 19, and | that in (my) (aur |) apinian death | accurred an the do | ate and haur | and fram |
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| | 22b SIGNATURE |) | 11 | 0 0 | | ATTENDING - | MED. | STAFF r | DATE SIGNED | 1. |
| | Orter ~ |) , 1 | ~ se | u ~ | DEGRE | 1117 5. | DIRECTOR L | PHYS. | 5-56- | 00 |
| | 22d. PHYSICIAN'S NAME (Type) PF | TER | W. RIE | CKERT, PATH | DIOGIST | E S S H | SPITAL. | CAMBRIDGE, | Mn. | |
| , | | _ | | | | | | | | |
| 230. | BURIAL, CREMATION, REMOVAL Specify | 23b. [| 194/ | | CEMETERY OR | 1 6 1/ | 1 / 0 | ON (City or Town) | (County) | (Stote) |
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| * | FUNERAL DIRECTOR | NOV | Kunk | HY SADKES | -m | 1/ | ED 9 0 10 | | SIGNATURE | 100. |
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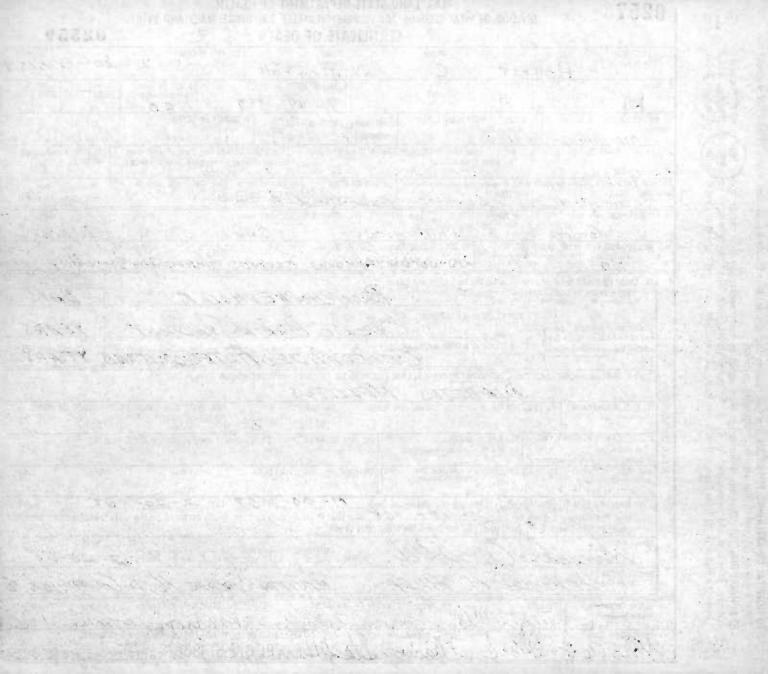
MAKYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH 02572 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 02558 DECEASED-NAME First Middle Lost 20. DATE OF DEATH 2b. HOUR requires that the death certificate be executed within 24 hours after death. and Nuneral and (Type or print) FEBRUARY 1:30AM WARD SAMUEL 4. RACE 6. AGE (In years IF UNDER 1 YEAR 3. SEX S. DATE OF BIRTH last bighday) DAYS HOURS FEBRUARY 15. 1886 MALE NEGROID 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7o. BIRTHPLACE (Stote or foreign 8. MARRIED NEVER MARRIED MARYLAND USA DORCHESTER WIDOWED K DIVORCED burial, crematian, ar remaval, and in any event, within 72 signed by the attending physician and completely filled i burial-transit permit. Then please remave carban papeı 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) INDUSTRY WILLIAMSBURG 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? YES X NO PARK LANE CAMBRIDGE 14. FATHER'S NAME Middle First Lost IS. MOTHER'S MAIDEN NAME First WARD WARD PRISCILLA DAVID 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no or unknown) ROSIE WARD 605 W. LAFAYETTE AVE. 215-18-4825 BALTI APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Cardiac Decompensation aggravated 10d vs IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF nfleunza Conditions, if ony, which gove) rise to immediate couse (o), sease DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital ar attending physician stoting the underlying couse WArterioscleration Hapertensive Cardias vrs PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) far use as the b f Health priar tab Bil terrl nduine 4a herni as this certificate has been 19o, DATE OF OPERATION 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? NO X YES 🗍 State Dept. af Health 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor (If either, notify medical examiner) P.M. directar, page 3 shauld be detached shauld be filed with the State Dept. af 21d. INJURY OCCURRED AT HOME, FARM, STREET, FACTORY, 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY City or Town County Stote While Not while of work 22a. I certify that (I) (this haspital) attended the deceased fram 11/10/00, 19. saw the deceased alive an_ and that in (my) (apr) apinian death accurred an the date and have and fram the O FUNERAL DIRECTOR: causes stated abave (1) (we) (did) (did nat) view the bady after death. 226. STONATUR 22c. DATE SIGNED ATTENDING STAFF PHYS. DIRECTOR DEGREE PHYS. mucce 22e. ADDRESS 22d. PHYSICIAN'S Maryland F.O. Box#158 NAME (Type) Preston HAROLD B. PLUMMER. M. D. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE (County) (Stote) 23o. BURIAL, CREMATION BULL AT MEEKINS NECK DOR. MD. MEEKINS NECK ADDRESS 2So. REC'D BY REGISTRAR FUNERAL DIRECTOR 2Sb. VR A15 (4) CAMBRIDGE, MD. 30M REV. 1/68

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| | V | 14010 | DIVISION OF | | 301 W. PRESTON S | | MORE, MARYL | AND 21201 | | |
| | | | | C | ERTIFICATE OF | FDEATH | | | 0255 | 9 |
| | | ECEASED-NAME First Type or print) | | Middle | Last | | 2a. DATE OF DEA | TH Manth 2 Doy |) av | 2b. HOUR |
| 100 | | Ro | bert | ₫. | Whittin | 19 toN | | | 20 rear OF | 1.057 |
| 1 | 3. SE | EX | 4. RACE | | S. DATE OF | | 1 10 | AGE (In years ast birthday) | | IF UNDER 24 HRS. |
| | | M | IN | | 9 - | 29-188 | 7 | 80 YRS. | MORTIN | MOOKS WITH. |
| | 7o. E | BIRTHPLACE (Stote or foreign nitry) | 7b. CITIZEN OF WHA | AT COUNTRY? | 8. MARRIED NEVER M. WIDOWED DIV | ARRIED 9 | Dorch | | ounty | |
| | 10. (| CITY OR TOWN OF DEATH | 11. NA/ | ME OF HOSPITAL OR INST | ITUTION (If not in hospital | 12g. USUAL | OCCUPATION (Kin | d af work done | 12b. KIND OF B | JUSINESS OR |
| 13 | CA | ambridge | give st | reet oddress) TEIN Shore S | GTATE HOSPITA | L during mas | st af working life, | | INDUSTRY | |
| 10 | | USUAL RESIDENCE (Where decedission) STATE | osed lived, if institution 13b. COUNTY | n: Residence befare | 13c. CITY OR TOWN | 13d. INSIDE CITY LIMI | | AND NUMBER | | |
| 17 | | maryland | 20 | | MARION STATION | YES NO | | | | |
|) | 14. F | FATHER'S NAME First | Middle | Last | IS. MOTHER'S | MAIDEN NAME Fire | | Middle | | Last |
| 7 | | George | | Whitting | ton | SA | rA | | WA | rd |
| | 160. Y | WAS DECEASED EVER IN U.S. AR | | 16b. SOCIAL SECURITY NO | | n | , , | Address | . 11 | - 0 |
| | | NO | 1 | 20-38-03 | 544 Medical | Kecon | ds taste | ru Shore S | tate Hos | lo. |
| | | 1B. CAUSE OF DEATH (Enter a | nly one couse per line | e far (a), (b), and (c).) | D | | , | | BETWEEN ON | ATE INTERVAL SET AND DEATH |
| 9 | | PART I. DEATH WAS CAUSI | IATE CAUSE (o) | | DRON CH | OPNEU | ROUK | 9 | DA | AKS |
| Э | | 4401 | | A CONSEQUENCE OF | | 2 - | | | | |
| | | Canditions, if any, which gave rise ta immediate cause (a), | | | HRONIC! | BRAIN | SYEL | POHE | YE | BRS |
| 2.11 | | stoting the underlying cause | | A CONSEQUENCE OF | - | | an man | | | -620 |
| | | last. |) (c) | 01 | NERA4 | ZEDKI | PLERIC | aschera | NIF | 4157 |
| | | PART 2. OTHER SIGNIFICANT CO | INDITIONS CONTRIBUT | ING TO DEATH BUT NO | RELATED TO THE TERMIN | NAL DISEASE OR CO | NDITION GIVEN IN | PART 1(o) | | |
| | No | 4500 | DIA | BETES | MELLITO | 325 | | | | |
| ^ | CERTIFICATION | 19a. DATE OF OPERATION 19b | . CONDITION FOR WHIC | CH OPERATION WAS PER | | | 20b. IF YES, | WERE FINDINGS CO | ONSIDERED IN CER | RIFYING |
| Jan 1 | RTIF | | | | YES [| | | | | |
| | | 21a. ACCIDENT WAS UNDERLYI | NG 21b. TIME OF HOUR A.M. | INJURY Month Day Year | 21c. HOW INJURY C | OCCURRED (Enter | noture of injury in | Port 1 or Port 2, I | tem 1B.) | |
| | MEDICAL | or contributing Cause of DEA | iner) P.M. | 19 | | | | | | |
| | W | gt work of work | | | ORY.) 21f. LOCATION Str | | City ar T | | County | State |
| Н | | 22a certify that (1) (t) | his hospital) atte | nded the decease | fram //- | 30-, 196 | Z, to_2 | -20-19 | 68, that | (I) (we) las |
| | | saw the deceased causes stated above | alive an re, (1) (we) (did) (| did nat) view the b | ody after death. | my) (our) opin | ian death occu | irred on the da | te ond haur a | nd from th |
| | | 226. SIGNATURE | 1/2 | (m) | ATTENI | DING ME | D CI | AFF 22c. [| ATE SIGNED | - 0 |
| | | Speciela | eso Sée | 1//// | DEGREE PHYS. | ☐ DIR | RECTOR P | iys. | 2-20- | 68 |
| | | NAME (Type) | DRO M | BRE | A Acres | DDRESS GSTEPAL | SHORES | HOSA- | ANOR! | DEE, to |
| | 230. | BURIAL, CREMATION, 23b. | DATE | 23c. NAME OF C | EMETERY OR CREMATORY | | 23d. LOCATION (C | City or Town) | (Caunty) | (State) |
| f | | REMOVAL (Specify) | Jef. 26-19. | 68 B | ranch | | mari | on son | nerset | mo |
| 8 | 24. | FUNERAL DIRECTOR | 2/2/ | ADDRESS ADDRESS | 21 The | 2Sa. REC'D BY | | 2Sb. REGISTRAR'S | | |
| | 1 | yould ; | Marc | Mario | W Sta MA | DATE FEB | 26 196 | 8 your | They year | the same |
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| MARTLAND STATE DEPARTMENT OF HEALTH | |
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| DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 | |
| CERTIFICATE OF DEATH | 2560 |
| 1. DECEASED-NAME First Middle Lost 2a. DATE OF DEATH | 2b. HOUR |
| (Type or print) Mary Elizabeth Williams Feb. 23-141 | Year 968 745 |
| 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In years IF UNDE | R 1 YEAR IF UNDER 24 HRS. |
| Female White aug. 20, 1890 last birthday) YRS. MONTHS | OAYS HOURS MIN |
| 70. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? B. MARRIED NEVER MARRIED 9. COUNTY OF DEATH | |
| Country). Marylo and United States WIDOWED DIVORCED & Worchester | M |
| 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.) 12. USUAL OCCUPATION (Kind of work dane during most of working life, even if retired.) | KIND OF BUSINESS OR USTRY |
| NUTTOCK 110. 21643 DELLE NEWEN NUTSING ATME CHAISEWISE | none |
| 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OP TOWN odmission) STATE NO 13b. COUNTY 15b. COUNTY | |
| 14. FATHER'S NAME First Middle Last 118. MOTHER'S MAIDEN NAME First Middle | Lost |
| John C. Snith Many Ellen? | 2001 |
| 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no. or unknown) (If yes give wor or dates of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT Address | |
| Yes, no, or unknown) (If yes give war or dates of service) 216-38-3808 (Jarib ElB. Winds or EPN. | |
| 1B. CAUSE OF DEATH (Enter only ane cause per line far (a), (b), and (c).) | APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH |
| PART I. DEATH WAS CAUSED BY: Cardiac Decompensation (auricular Fibrilla | tion) lm |
| 4/20 DUE TO, OR AS A CONSEQUENCE OF | |
| (anditions, if any, which gave) (b) Hypertensive Cardiovascular Disease | 10 yrs |
| stating the underlying cause DUE 10, OR AS A CONSEQUENCE OF | - |
| | 5 yrs |
| PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) | |
| Had Inffienza about 4 weeks ago Diagnosis by Agtre | |
| 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDER | RED IN CERTIFYING |
| 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? YES NOSE CAUSES OF DEATH? 21a. ACCIDENT WAS UNDERLYING 121b. TIME OF INJURY 121c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2. Hem. IB | A A SECTION |
| | .) |
| (If either, natify medical examiner) P.M. 19 | 1.00 |
| 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town Coun | ty Stote |
| at work at work | |
| 22a. I certify that (I) (this haspital) attended the deceased from 1/12/00, 19, to=/22/00, 19 | , that (I) (we) id |
| saw the deceased alive an | d hour and trom t |
| | GNFD |
| 22b-SIGNATURE DEGREE PHYS. DEGREE PHYS. DIRECTOR PHYS. DIRECTOR PHYS. DIRECTOR DIREC | 768 |
| 22d PHYSICIAN'S | |
| NAME(Type) berold B. Plummer M.D. reston Meryland | |
| 230. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. JOCATION (City or Town) (Cour | nty) (State) |
| GENOVAL (Specify) 2-25-68 Greenslore Greenslore | med. |
| 24. FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNAT DATE CCD 2 7 1988 | URE |
| J.G. Boaland Streensloves, md. DATE FFB 27 1968 Schanle | Andre |

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MARYLAND STATE DEPARTMENT OF HEALTH 02575 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 0256 CERTIFICATE OF DEATH Middle 1. DECEASED-NAME Last 2g. DATE OF DEATH First 2b. HOUR hours after death. (Type or print) Month ames 3. SEX 4. RACE 5. DATE OF BIRTH IF UNDER 1 YEAR 6. AGE (In veors IF UNDER 24 HRS. last birthday) MONTHS DAYS HOURS Oat 5. 1880 7o. BIRTHPLACE (State or foreign 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED country) orche DIVORCED [WIDOWED X within 10, CITY OR TOWN OF DEATH 12a, USUAL OCCUPATION (Kind of work dane 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR PHYSICIAN: The law requires that the death certificate be executed within give street address during mast/of warking life, even if retired,) JANDUSTRY. remave carban in any event, 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b COUNTY NO T 8710 Wilson 14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME First Middle nomas andi 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17_INFORMANT Address Yes, ng', of unknown) (If yes give war or dates of service) 212-03-2006 or remayal, 41,081 APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEAT PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) erebral & coronary Insufficiency signed by the attendir burial-transit permit. yrs crematian, DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gove) Marte inscleratio Cardin Renal Disease rise to immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital ar attending physician. stoting the underlying couse Generlaized Arteriosclerosis burial PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) P. 17 wks Multiple Pasl cetl s Carcinoma of O FUNERAL DIRECTOR: After this certificate has been d far use as the af Health priar ta 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES [NO C 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH Month Day Yeor HOUR A.M. (If either, notify medical examiner) P.M. be detached 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Nat while at wark 22a. I certify that (I) (this haspital) attended the deceased fram 1/2 saw the deceased alive on 2/5-69 19, and that and that in (my) (our) apinian death occurred on the date and hour and from the director, page 3 should should be filed with the causes stated abave, (1) (we) (aid) (did not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING DEGREE DIRECTOR PHYS. 22d. PHYSICIAN'S 11 22e. ADDRESS arold B. lummer NAME (Type) Preston 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, 23b. DATE (County) (Stote) RPMOVAL (Specify) FUNERAL DIRECTOR ADDRESS 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) DATE erchibura md.

